0/553 PO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
	IC FEE SFR 1.16(a))							\$	OR		\$	
	AL CLAIMS OFR 1.16(c))		minus 20	= *			x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3 =		1.		x \$ =		OR	x s =		
		INT CLAIM PRESEN	!				+\$ =		OR	+s =		
							TOTAL		OR	TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2.							IOIAL		OR	IOIAL		
CLAIMS AS AMENDED – PART II												
		(Clury)			mn 2) (Column 3)		SMALL ENTITY		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	·IK	Minus	"20	=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(b))	. 1	Minus	-	=		x \$ =		OR	x \$ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+s =		
						,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	- ·	
		(O-1 4)		(0-1 2)	(0-1 2)		ADD EFFE		011	ADDEFEE	L	
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	li			1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$=		OR	x \$=		
	Independent (37 CFR 1,16(b))	*	Minus	***	=		x \$=		OR	x \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+\$ =	· · · · · · · · · · · · · · · · · · ·	
						, ,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)				•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	x s=		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+ \$_ =		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain a total a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will any depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-145. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-145.